

Dear Food Distributor, Wholesaler or Contracted Delivery Service:

Welcome to the City of Harrisburg! The attached contains the information required for you to do business in the City and the necessary applications. Applications are required to be filed a minimum of 10 days before you intend to conduct business or you are subject to a penalty fee. We hope you find the information helpful and encourage you to contact us with questions or concerns. I can be reached by email at [cs Herrick@cityofhbg.com](mailto:cs Herrick@cityofhbg.com) or by telephone at 717-255-6553.

Pursuant to Section 6-501.1 of the Codified Ordinance of the City of Harrisburg, a Health License is required for any person selling, disposing of or offering for sale as human food any meats, fish or other foods. If not located within the City Limits, proof of a health license and copy of most recent inspection from your local authority must be attached. This must be provided yearly with your license renewal.

In addition, pursuant to Section 5-715 of the Codified Ordinance, you are required to have a Business Privilege and Mercantile License. You are also subject to taxes on the products sold in the City if account is serviced by the driver or a sales representative. Questions regarding the aforementioned should be directed to the Mercantile Tax Unit at 717-255-6513.

Good luck in your new venture.

Sincerely,

Craig S. Sherrick  
Health Officer

Date of Application: \_\_\_\_\_ Business Name: \_\_\_\_\_

**City of Harrisburg**  
**Food Wholesaler / Distributor Health License**

A Health License is required for all food and beverage vendors in the City of Harrisburg. If not located within the City Limits, proof of a health license and copy of most recent inspection from your local authority must be attached. This must be provided yearly with your license renewal.

Type O Health License: \$100.00 Amount Due  
Check or Money Order to "City Treasurer"

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Business Telephone Number:** Area Code (\_\_\_\_) \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Owner(s) Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner's Telephone Number: Area Code (\_\_\_\_) \_\_\_\_\_

- Appropriately equipped heating and refrigeration trucks capable of holding hot foods at over 140 degree's and cold foods at below 42 degree's for refrigerated and 0 degree's for frozen. Thermometers are required in each vehicle.

**Health License Specifics**

- 1.) All Health Licenses expire on December 31 of that issuance year, they are not pro-rated.
- 2.) A license is for that establishment, at that location, for that owner. They are not transferable. All changes from original application should be submitted to this office, in writing within 48 hours.
- 3.) All licensed establishments are subject to formal and informal inspections at any time. The results of a formal inspection are public domain and may be provided in a public forum.
- 4.) All licenses are subject to suspension and revocation, for failure to follow applicable laws and guidelines regarding food service and codes violations. Rules and regulations are available for review in the Office of Codes Administration, Suite 206 of the Martin Luther King Jr. City Government Center, 10 N. Second Street, Harrisburg, PA 17101. Any changes clarifications or additions will be posted the first business day of each month.

I hereby acknowledge receipt of Health License Application Packet. I have thoroughly reviewed all information and have willingly completed the application form. I understand that the rules and regulations are available in the office of the Bureau of Codes Enforcement and have the opportunity to view them at any time. I acknowledge that all the information is true to the best of my knowledge and that I am an owner or authorized agent of the corporation. I understand that any falsification of this document will result in it being null and void. It is to be noted that submission of a false statement to a public official, pursuant to Section 4904 of Title 18 of the Pennsylvania Crimes Code, constituting a misdemeanor of the third degree offense, punishable by a fine and imprisonment of not more than one year.

Signature of Owner / Agent: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/200\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/200\_\_\_\_

----- Office Use Only -----

- ☐ Mercantile App. & \$40 Check    ☐ Health License App. with \$100 check  
☐ Current License and most recent inspection attached

Completed By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/200\_\_

Referred to Mercantile Tax Unit: \_\_\_\_/\_\_\_\_/200\_\_ by \_\_\_\_\_

Returned to Health Officer: \_\_\_\_/\_\_\_\_/200\_\_ Account #: \_\_\_\_\_

Licensed completed and sent to Treasury: by \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/200\_\_

**CITY OF HARRISBURG AND HARRISBURG SCHOOL DISTRICT**  
**EXPLANATION OF THE**  
**BUSINESS PRIVILEGE AND MERCANTILE LICENSE**

Attached is an application for a Business Privilege and Mercantile License. The fee for this license is \$40.00 for each calendar year. The fee is not reduced pro rata by the portion of the license year elapsed in the year first procured. At the proper time, an annual or quarterly reporting form, whichever is applicable, will be mailed to you.

The Tax Ordinance was enacted under the authority of the Local Tax Enabling Act (Act 511 of 1965), 53 P.S. 6901 et seq., and appears in the Codified Ordinances of the City of Harrisburg at Chapter 5-715. The City of Harrisburg, Chapter 5-715 of the Codified Ordinance and the Harrisburg School District, Resolution of 1989 provides for and regulates the "assessment, levy and collection for general revenue purposes of an annual Business Privilege & Mercantile tax upon persons, firms, companies, and corporations engaging in business, described therein, within the City of Harrisburg. . .". The Chapter and Resolution contains pertinent information relative to the definitions and rates; a copy can be requested either through the City Clerk's Office or the Tax & Enforcement Office.

**Business Privilege & Mercantile Licenses may not be assigned or transferred. So if a new owner takes over the business, a new Business Privilege & Mercantile License and/or Health License application, if applicable, needs completed.** Taxpayer's change of address must be reported in writing to this office within ten (10) days after such change becomes effective.

This license may be suspended or revoked at any time by the Mayor or designee if it is determined that the holder of the permit or license secured the same by misrepresentation; failed to maintain qualifications required by federal, state or local laws; engaged in fraudulent behavior or misleading advertising; consented to or allowed any behavior which would constitute a crime under federal, state or local laws, including but not limited to drug trafficking or drug possession; committed an act of gross negligence, or allowed any manner or form of public nuisance.

**BUSINESS** - This is defined as carrying on, or exercising of any trade, profession, or vocation, or commercial activity or making sales within the City of Harrisburg. **The following are brief descriptions of each category to determine which one accurately describes the nature of your business.**

**BUSINESS PRIVILEGE** - Any profession, vocation or commercial activity, **including but not limited to**, lawyer, doctor, accountant, broker, contractor, consultant, maintenance/repairs, engineering, planning design, installation, training, the lease or use of real or personal property, commission sales, etc., for which a fee is collected for services rendered.

**WHOLESALE DEALER** - Sales made by persons engaged, as owner or agent, in the business of selling to, or exchanging with another person, goods for cash or barter or any consideration, for the purpose of resale by the person acquiring the goods sold or exchanged.

**RETAIL** - Sales made by persons engaged, as owner or agent, in the business of selling or exchanging merchandise for cash or barter or any consideration on the assumption that the purchaser of such goods has acquired the same for ultimate consumption or use and not for resale.

| <b><u>TAX RATES</u></b> - | <b>CITY OF HARRISBURG</b>  | <b>HARRISBURG SCHOOL DISTRICT</b>  |
|---------------------------|--|--|
| Business Privilege:       | 2 mills (.0020) per \$1,000 of gross receipts up to \$3,300,000. In excess of \$3,300,000, the rate imposed shall be 1/2 mill (.0005) per \$1,000.     | 1 mill (.0010) per \$1,000 of gross receipts up to \$3,300,000. In excess of \$3,300,000, the rate imposed shall be 1/2 mill (.0005) per \$1,000.      |
| Wholesale Rate:           | 1/2 mill (.0005) per \$1,000 of gross receipts up to \$5,000,000. In excess of \$5,000,000, the rate imposed shall be 1/8 mill (.000125) per \$1,000.  | 1/2 mill (.0005) per \$1,000 of gross receipts up to \$5,000,000. In excess of \$5,000,000, the rate imposed shall be 1/8 mill (.000125) per \$1,000.  |
| Retail Rate:              | 3/4 mill (.00075) per \$1,000 of gross receipts up to \$3,300,000. In excess of \$3,300,000, the rate imposed shall be 1/8 mill (.000125) per \$1,000. | 3/4 mill (.00075) per \$1,000 of gross receipts up to \$3,300,000. In excess of \$3,300,000, the rate imposed shall be 1/8 mill (.000125) per \$1,000. |

**ANNUAL TAX RETURNS ARE DUE BY APRIL 15TH OF EACH YEAR WHETHER OR NOT A TAX IS DUE!!!**

Failure to file and/or pay the tax could result in legal action by the City as well as your license being revoked.

**CITY OF HARRISBURG**  
**APPLICATION FOR BUSINESS PRIVILEGE AND MERCANTILE LICENSE**

**MAIL TO:** TAX AND ENFORCEMENT OFFICE  
10 N 2ND STREET, SUITE 305-A  
HARRISBURG, PA 17101

LICENSE AND FILLING FEE **\$40.00**  
DUE EVERY CALENDAR YEAR!!!!  
**CHECK OR MONEY ORDER ONLY**  
PAYABLE TO: "CITY TREASURER"  
DATE APPLIED

Application is hereby made for a Business Privilege and Mercantile License for the year(s) 20\_\_\_\_ as required by Chapter 5-715 of the Codified Ordinance for the City of Harrisburg as amended by the City Council of the City of Harrisburg providing for same. **Indicate Date Business Started (within the City Limits of Harrisburg)**

\_\_\_\_\_.

1. Please check the appropriate category which accurately describes the nature of your business as defined on the attached sheet.

WHOLESALE\_\_\_\_\_ RETAIL\_\_\_\_\_ RENTAL\_\_\_\_\_ BUSINESS PRIVILEGE\_\_\_\_\_ BOTH \_\_\_\_\_

2. Business name and address. If conducted under a corporate or fictitious name, list name, **(please print clearly):**

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
CITY STATE ZIP CODE

MAILING ADDRESS, IF DIFFERENT THAN ABOVE: \_\_\_\_\_

\_\_\_\_\_  
BUSINESS TELEPHONE NUMBER

\_\_\_\_\_  
IRS ID. NUMBER (EIN NUMBER)

3. Check whether business is: Incorporated \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Agent \_\_\_\_\_

4. If you are currently conducting business in the Commonwealth of Pennsylvania, please list your sales tax number, if applicable,

5. Give the name(s) of the true owners of the said business, their legal residence **(excluding post office boxes)**, social security number, date of birth, and telephone number:

| NAME                        | NAME                        | NAME                        |
|-----------------------------|-----------------------------|-----------------------------|
| ADDRESS                     | ADDRESS                     | ADDRESS                     |
| CITY, STATE & ZIP           | CITY, STATE & ZIP           | CITY, STATE & ZIP           |
| SOCIAL SECURITY #           | SOCIAL SECURITY #           | SOCIAL SECURITY #           |
| DATE OF BIRTH               | DATE OF BIRTH               | DATE OF BIRTH               |
| TELEPHONE NO.               | TELEPHONE NO.               | TELEPHONE NO.               |
| DRIVERS LICENSE NO. & STATE | DRIVERS LICENSE NO. & STATE | DRIVERS LICENSE NO. & STATE |

**FURTHER INFORMATION APPEARING ON REVERSE SIDE MUST BE COMPLETED!!!**

6. Nature of Business (please fully describe) -

7. List current job(s) or contracts, if applicable, which necessitates the application for this license:

8. Have you ever been issued a Business Privilege and Mercantile License with the City of Harrisburg before?  
yes\_\_\_\_ no\_\_\_\_ If yes, give name the license was issued under

9. Give name, address (excluding post office boxes) of other places of Business, Parent Companies (if subsidiary) within or outside the City of Harrisburg.

10. Failure to provide the above information required for proper enforcement of the Business Privilege and Mercantile Tax and License shall cause rejection of this application and shall require a new application and filling fee.

I VERIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT, AND FURTHER UNDERSTAND MY RESPONSIBILITY TO FILE AND PAY THE MERCANTILE/BUSINESS PRIVILEGE TAX AT THE APPROPRIATE TIME, FURTHERMORE, A TAX RETURN MUST BE FILED WHETHER OR NOT A TAX IS DUE. I UNDERSTAND THE FAILURE TO FILE A RETURN MAY SUBJECT ME TO PROSECUTION.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

**Prior to submitting this application, if you are located in the City, you are required to obtain Zoning approval, Fire Prevention Code approval and Health approval, if you deal with any type of food.**

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**OFFICE USE ONLY!**

**APPROVALS**

The authorized signatures listed below, certify that all Zoning, Health, Fire Prevention, and related licenses, if applicable, have been established and conform with the respected ordinances under their authority.

\_\_\_\_\_  
ZONING ADMINISTRATOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CODES ADMINISTRATOR/CODES/FIRE PREVENTION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HEALTH DEPARTMENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TAX AND ENFORCEMENT ADMINISTRATOR

\_\_\_\_\_  
DATE

Date Forwarded to Codes \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_